

RSVP of Dane County and TRIAD
517 N. Segoe Rd. Suite 300
Madison, WI 53705
(608) 441-7897

Dane County Sheriff's Office
Public Safety Building
Madison, WI 53703

Cottage Grove Police Department
2560 Nora Rd.
Cottage Grove, WI 53527

Deer Grove EMS
4058 HWY N
Cottage Grove, WI 53527

Cottage Grove TRIAD Community Survey

The Cottage Grove Police Department and Dane County Sheriff's Office are working with the Retired and Senior Volunteer Program of Dane County (RSVP) and other agencies representing seniors in an effort to enhance delivery of emergency services and protection to senior citizens. We need your help to assist us in taking positive steps to improve our community for citizens of all ages. Please complete this questionnaire only **ONCE**.

THANK YOU FOR PARTICIPATING IN THIS SURVEY!!

PLEASE RETURN YOUR COMPLETED SURVEY TO:

Triad of Dane County
RSVP of Dane County
517 N. Segoe Road
Madison, WI 53705
OR

Your housing manager or, Village or Town Hall

Essential if you want/need a return call or will need assistance in an emergency.

NAME(s)_____

ADDRESS_____

CITY_____ ZIP CODE_____

PHONE#_____ E-Mail_____

Is there anyone in the home who would need assistance in an emergency?

If yes: What is the disability? taking life saving drugs_____, on oxygen_____, infirmities of aging_____, physical mobility_____, mental health_____, dementia_____, hearing_____, sight_____, other describe:_____

1. Do you live in a Single Family Home:_____ Apartment:_____ Senior Housing: _____Condo:_____

Do you live alone? Yes: __ No __

Is there someone you can call in an emergency/or who checks on you on a regular basis? Yes_____ No_____

Please circle:

2. GENDER: Person 1: Male or Female
Person 2: Male or Female

3. AGE: Person 1 50-64 65-74 75-84 85 & Over
Person 2 50-64 65-74 75-84 85 & Over

4. In general, do you feel safe in and around your home? **Person 1** YES NO
Person 2 YES NO

CHECK ALL OF THE FOLLOWING THAT HAVE AN AFFECT ON YOUR LIFE:

- | | Person 1 | Person 2 |
|---|-----------------|-----------------|
| 5. Fraud or con artists taking advantage of me | _____ | _____ |
| 6. Strangers who call on the phone | _____ | _____ |
| 7. Fear of being taken advantage of financially | _____ | _____ |
| 8. Sales people at the door | _____ | _____ |
| 9. Someone breaking into my home | _____ | _____ |
| 10. Theft or assault in public place | _____ | _____ |
| 11. Going out after dark, walking or driving | _____ | _____ |
| 12. Vandalism, drug or gang activities in my neighborhood | _____ | _____ |

	Person 1	Person 2
13. Managing your household: (housekeeping, finances yard work, or home repair)	_____	_____
14. Lack of transportation		
15. If you drive, do you have concerns about driving Please state:	_____	_____
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16. Would you participate in a driver education class?	_____	_____

WHAT SERVICES, AND/OR INFORMATION WOULD YOU BE INTERESTED IN HAVING AVAILABLE TO YOU? (Check all that apply)

	Person 1	Person 2
17. Daily reassurance phone calls	_____	_____
18. Home delivered meals	_____	_____
19. Home security recommendations	_____	_____
20. Safety: Animal, Home, Internet, Fire (circle all that apply)	_____	_____
21. Emergency weather planning	_____	_____
22. Safe driving tips/training	_____	_____
23. Informational meetings on crime prevention topics	_____	_____
24. Would you like someone to contact you about your questions or concerns?	_____	_____
25. Other comments or request for services/information		

26. Would you be interested in being a volunteer?	_____	_____
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